

## CLAIMS ONLY

Application Number  
101068840

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend			
1	1						51		
2		1					52		
3							53		
4		1					54		
5	1						55		
6		1					56		
7	1						57		
8							58		
9		1					59		
10		1					60		
11	1						61		
12		1					62		
13	1						63		
14		1					64		
15							65		
16		1					66		
17	1						67		
18		1					68		
19							69		
20							70		
21							71		
22							72		
23							73		
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25							75		
26							76		
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33							83		
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37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
Total Indep	6						Total Indep		
Total Depend	12						Total Depend		
Total Claims	18						Total Claims		